

Case Number:	CM14-0075900		
Date Assigned:	07/16/2014	Date of Injury:	09/21/2012
Decision Date:	10/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 61-year-old female was reportedly injured on September 21, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of neck pain, back pain, right wrist/thumb pain, bilateral knee pain, ankle pain, as well as headaches, dizziness, anxiety, depression, and stomach upset. The physical examination demonstrated tenderness at the radial side of the right wrist. There was decreased right wrist grip strength and a positive Phalen's test. There was moderate to severe tenderness at the right thumb. Examination of the cervical and lumbar spine noted tenderness over the paraspinal muscles with decreased range of motion. There was also tenderness over the knees and ankles with visible swelling. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and chiropractic care. A request had been made for additional chiropractic care for the right wrist/hand, right thumb, bilateral ankles, lumbar spine, and cervical spine twice week for four weeks and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional chiropractor to right wrist/hand, right thumb, bilateral ankles, lumbar spine, cervical spine 2 times a week for 4 weeks for a total of 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59 of 127..

Decision rationale: A review of the medical records indicates that there is no objective data to indicate that the injured employee has made favorable progress and functional improvement with prior chiropractic care. Considering this, the request for additional chiropractor to right wrist/hand, right thumb, bilateral ankles, lumbar spine, cervical spine twice a week for four weeks is not medically necessary.

Braces and supports for the right wrist and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Braces, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines wrist braces and splinting are only indicated for Fracture treatment as well as the treatment of carpal tunnel syndrome. Knee braces are only indicated for instability or as an offloading brace for osteoarthritis. As the injured employee does not have these particular conditions, this request for Braces and supports for the right wrist and the right knee are not medically necessary.